

- a.  A check in the amount of \$ \_\_\_\_\_ to cover the above fees is enclosed.
- b.  Please charge my Deposit Account No. 03-0172 in the amount of \$ 425.00 to cover the above fees.  
A duplicate copy of this sheet is enclosed.
- c.  The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 03-0172. A duplicate copy of this sheet is enclosed.
- d.  Fees are to be charged to a credit card. **WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**NOTE:** Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.

SIGNATURE

Diane H. Dobrea

NAME

48,578

REGISTRATION NUMBER

SEND ALL CORRESPONDENCE TO:  
Customer No. 24024

Fee Code: 2453  
Amount: 750

CHARGE  
Deposit Acct.

02/28/2007 SBASHEIR 00000001 030172 10597822

01 FC:2453 750.00 DA